

# U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project #	Postmark	Date Received	Notification #				
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
<b>II. Facility Description</b> Building Name: <u>Georgia Pacific</u> Address: <u>327 Margaret Street</u> City: <u>Plattsburgh</u> State: <u>NY</u> Zip Code: <u>12901</u> County: <u>Clinton</u> Site Location : <u>327 Margaret Street Plattsburgh, NY12901</u> Building Size (square feet): <u>1,000</u> # of Floors: <u>2</u> Age in Years: <u>46</u> Present Use: <u>Pump House</u> Prior Use: <u>Pump House</u>							
<b>III. Type of Operation</b> (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training							
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b> Owner Name: <u>Georgia Pacific</u> Address: <u>327 Margaret Street</u> City: <u>Plattsburgh</u> State: <u>NY</u> Zip Code: <u>12901</u> Contact: <u>Mike Kirk</u> Telephone: <u>(518) 561-3500</u> Fax: _____ Removal Contractor Name: <u>Environmental Remediation Services, INC</u> Address: <u>5857 Fisher Road</u> City: <u>East Syracuse</u> State: <u>NY</u> Zip Code: <u>13057</u> Contact: <u>Tim Niedzwiecki</u> Telephone: <u>(315) 433-9045</u> Fax: <u>(315) 433-9047</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____							
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> <p style="text-align: center;">PCM Air Sampling Analysis</p>							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet)	458						
Facility Components (cubic feet)							
<b>VIII. Scheduled Dates Demolition or Renovation:</b>		Start: <u>05/09/16</u>		Complete: <u>05/20/16</u>			
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b>		Start: <u>05/09/16</u>		Complete: <u>05/09/16</u>			
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	7-3:30	7-3:30	7-3:30	7-3:30	7-3:30		

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Page 2 of 2

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:</b> <p style="text-align: center; font-size: 1.2em;">ASBESTOS ABATEMENT</p>		
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> <p style="text-align: center; font-size: 1.2em;">Wet removal methods inside contained areas</p>		
<b>XII.</b>	<b>Waste Transporter #1</b> Name: <u>Environmental Remediation Services, Inc.</u> Address: <u>5857 Fisher Road</u> City: <u>East Syracuse</u> State: <u>NY</u> Zip Code: <u>13057</u> Contact: <u>Tim Niedzwiecki</u> Telephone: <u>(315)433-9045</u> <b>Waste Transporter #2</b> Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (    ) _____		
<b>XIII.</b>	<b>Waste Disposal</b> Name: <u>High Acres Landfill</u> Address: <u>425 Perrinton Pkwy</u> City: <u>Fairport</u> State: <u>NY</u> Zip Code: <u>14450</u> Contact: <u>Sue Rossi</u> Telephone: <u>(585) 223-6132</u>		
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin: _____		
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.		
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder.</b> <p style="text-align: center; font-size: 1.2em;">Asbestos is being abated</p>		
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">             _____            Signature of Owner/Operator         </div> <div style="width: 15%;">           04/25/16            _____            Date         </div> <div style="width: 40%;">           Tim Niedzwiecki / President            _____            Type or Print Name and Title         </div> </div>		
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.</b> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">             _____            Signature of Owner/Operator         </div> <div style="width: 15%;">           04/25/16            _____            Date         </div> <div style="width: 40%;">           Tim Niedzwiecki / President            _____            Type or Print Name and Title         </div> </div>		